FISCAL AND OPERATIONS DIVISION
Program Integrity Audit Unit
Kate Brown, Governor

Oregon Health Authority

Staci D. West, CPC, CRC, CPMA
3406 Cherry Avenue NE
Salem, Oregon 97303-4924
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E-mail: Staci.d.west@dhsoha.state.or.us

[*October 22, 2018*] **May 12, 2022**

Willamette Family, Inc
Attn: [*Robert Richards*] **Eva Williams**, Executive Director
687 Cheshire Avenue
Eugene, OR 97402-5060

[*Via Certified Mail: 70151520000098148452*]**Via Electronic Mail: EvaW@wfts.org**

RE: Amended Final Audit Report: Provider #500678005; NPI #1376546291

Dear [*Mr. Richards*] **Ms. Williams**:

The final audit of your records by the Program Integrity Audit Unit (PIAU) of the Oregon Health Authority (OHA) is complete. Its findings represent a financial impact for Willamette Family, Inc.

Based on the submitted records, the error rate is [*37%*] **23**% for the final audit. The total overpayment based on the audit is [*$11,300.63*] **$6,089.71**.

The attached Amended Final Audit Matrix is password-protected. The password will be sent to the same email address as this notification in a separate letter. A copy of the rules in effect during the time period of this audit will be provided. The fee schedule in effect during the time period can be found at https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx.

[*If you disagree with the final audit, you may request an administrative review or a contested case hearing within 30 calendar days as outlined in the final audit report.*

If you request either an administrative review or contested case hearing, the OHA may first schedule an informal conference to provide an opportunity to settle areas of

disagreement. Remaining unresolved issues may then be addressed in a fair and administrative review or contested case hearing.] **You have already requested a contested case hearing which has been referred to the Office of Administrative Hearings.**

Reimbursement of the overpayment is due and payable by [*November 22, 2018*] **June 15, 2022**. Please remit payment [*in the enclosed envelope*] and include a copy of the invoice to the address below.

DEPARTMENT OF HUMAN SERVICES
AR & RECEIPTING UNITS, OFS
RSTARS RECEIVABLES
P O BOX 4325
PORTLAND, OR 97208-9992

If you have any questions, please call me at 503-934-0399.

Sincerely,

Staci D. West

[*Deborah L. Larkins, RN, CPC*] **Staci D. West, CPC, CRC, CPMA**
[*Medical Reivew Coordinator*] **Program Integrity Auditor**
Program Integrity Audit Unit

Enclosure: Accounts Receivable Invoice

Oregon Health Authority

Office of Program Integrity

AMENDED
FINAL AUDIT REPORT

Added language is reflected in bold font. Deleted language is reflected in bracketed italics.

Willamette Family, Inc

NPI #1376546291
Medicaid Provider #500678005

Prepared By:
[Deborah. L. Larkins, RN, CPC] **Staci D. West, CPC, CRC, CPMA**
[Medical Review Coordinator] **Program Integrity Auditor**
Program Integrity Audit Unit
[*October 22, 2018]* **May 12, 2022**

EXECUTIVE SUMMARY

Providers receiving payments from Oregon Health Authority (OHA) are subject to audits for all payments applicable to services rendered or items to or on behalf of OHA and Department of Human Services clients. OHA may review or audit a claim before or after payment for verifying the accuracy and appropriateness of payment, utilization of services, medical necessity, medical appropriateness, and access to care was provided in accordance with OHA rules and policies and the generally accepted standards of the Provider's field of practice or specialty.

Financial Findings for Willamette Family, Inc are primarily due to the following:

- *[The record is not adequately annotated.]*
- The documentation submitted does not support the Current Procedural Terminology (CPT®) code billed.
- The claim is missing modifier 25.
- Incorrect diagnosis code reported on the claim

INTRODUCTION

OHA, in partnership with the Centers for Medicare and Medicaid Services, administers the Medicaid Program (commonly known as the Oregon Health Plan) and other state-funded health care programs. The Program Integrity Audit Unit (PIAU) of OHA is responsible for monitoring compliance with federal and state regulations.

Willamette Family, Inc provides medical and behavioral health services to OHA clients and is subject to the jurisdiction of OHA.

Objectives of this audit include:

- Determine if services paid were documented in patient records as billed.
- Identify provider billing and/or payment irregularities.
- Determine compliance with federal, state and OHA regulations.
- Provide a mechanism for gathering information and presenting recommendations for program policies and procedures.

BACKGROUND

On February 27, 2018, OHA requested records (samples) in support of paid claims from provider for the time period of the audit –January 1, 2014 through December 31, 2015. The provider submitted the requested records in a timely manner and Deborah L. Larkins, RN, CPC audited the records. A Preliminary Audit Report was issued on June 20, 2018. The provider responded on August 3, 2018 with additional information and documentation. **A final audit report was issued on October 22, 2018. The audit was reassigned to Lauren Kissinger, CPC, CPMA on September 29, 2020, and then to Staci D. West, CPC, CRC, CPMA.** This **amended** report presents the results of the audit.

SCOPE AND METHODOLOGY OF THE AUDIT

Provider's population for the time period of this audit consisted of 330 paid claims with total payments to provider of $26,605.09. The sample population consisted of a statistically valid random sample of 30 records separated into one strata. The focus of the audit was to determine if records adequately

documented the services as billed and to ensure billing practices were in compliance with Oregon Administrative Rules (OAR) as specified in:

- General Rules Rulebook (OAR 410-120-0000 to 1980)
- Department of Human Services, Administrative Services Division Director's Office Provider Rules (OAR 407-120-0100 to 1505)
- Medical Surgical Rules (410-130-0000 to 410-130-0700)
- **Current Procedural Terminology (**CPT®) 2014-2015
- **International Classification of Diseases, Ninth Revision, Clinical Modification (**ICD-9-CM**)** 2014-2015
- **International Classification of Diseases, Tenth Revision, Clinical Modification (**ICD-10-CM**)** 2015

SUMMARY OF FINDINGS

Detailed findings on each claim are recorded in the Matrix of Findings (*Matrix*) **attached** as Exhibit 1 **and incorporated into this Amended Final Audit Report**.

Rules cited in the *Matrix* [*and listed below*] are those in effect during the audit period. [*See*] **A copy of the rules cited in the Matrix are attached as** Exhibit 2. **The Statistical Sampling Frequently Asked Questions is attached as Exhibit 3. Acronyms used in this report and in Exhibit 1 (Matrix) are set forth in Exhibit 4 and incorporated herein.**

FINANCIAL FINDINGS (Recoverable)

Findings that result in overpayment are included in the error rate. Multiple findings in the same sample are counted as a single error. There are [*11*] **12** financial findings:

[(a)] [Matrix sample(s) numbered: 1, 8, 15, 18, 20, 23 and 29; The documentation submitted does not support the CPT code billed in violation of: OAR 410-120-1280, 410-120-1360, 410-130-0160 and CPT 2014-2015.] **The documentation did not support the level of evaluation and management code billed on 4 samples as described in detail in Exhibit 1.**

[(b)] [Matrix sample(s) numbered: 1, 8, 20 and 29; The claim is missing the modifier 25 in violation of: OAR 410-120-1280, 410-120-1360, 410-130-0160 and CPT 2014-2015.] **The incorrect ICD-9-CM/ICD-10-CM code was reported on the claim on 4 samples as described in detail in Exhibit 1.**

[(c)] [Matrix sample(s) numbered: 1, 8 and 18; Incorrect diagnosis code is reported on the claim in violation of: OAR 410-120-1280, 410-120-1360, 410-130-0160, CPT 2014-2015, ICD 9 CM 2014-2015 and ICD 10 CM 2015.] **The documentation did not support a significant, and separately identifiable evaluation and management encounter on 3 samples as described in detail in Exhibit 1.**

[(d)] [Matrix sample(s) numbered: 12, 15, 19, 22, 23, 29 and 30; The record is not adequately annotated in violation of: OAR 410-120-1280, 410-120-1360.] **When documented, the claim was missing the required Modifier 25 on 1 sample as described in detail in Exhibit 1.**

[*OTHER FINDINGS*

Other findings are primarily instructive in nature and indicate the need for corrective action. These findings are found during the audit process but are

not part of the line item. Other findings are recorded in Matrix samples numbered [1], 15 and 28.]

OVERPAYMENT CALCULATION

An analysis of the records showed one or more billing errors on *[11]* **7** of the 30 records sampled, giving an error rate of *[37]* **23** %.

Due to the error rate, the results from the sample are extrapolated over the provider population to arrive at the projected extrapolated overpayment. See Exhibit 3 for an explanation of the extrapolation and statistical sampling process.

Stratum One – The stratum consisted of 330 paid claims in which 30 claims were selected for audit. Provider was paid $26,605.09 for claims in the stratum. There were 7 errors resulting in an extrapolated overpayment of *[$11,300.63]* **$6,089.71**.

The extrapolated overpayment is *[$11,300.63]* **$6,089.71**.

CONCLUSION

An analysis of the records showed one or more billing errors on *[11]* **7** of the 30 records sampled, resulting in an extrapolated overpayment amount of *[$11,300.63]* **$6,089.71**. The error rate for the audit is *[37]* **23** %.

RECOMMENDATIONS

1. OHA should recover the extrapolated overpayment in the amount of [*$11,300.63*] **$6,089.71**.
2. Provider will familiarize themselves and follow all rules outlined in OHA General Rules (OAR 410-120-0000 through 410-120-1980), Department

of Human Services, Administrative Services Division and Director's Office Provider Rules (OAR 407-120-0100 to 1505), Medical Surgical Rules (410-130-0000 through 410-130-0700), CPT 2014-2015 and ICD-9-CM 2014-2015 and ICD-10-CM 2015.

3. Provider should **review and** audit [*all*] billing[*s*] **practices and documentation standards and revise their claim submission and documentation practices to coincide with state and federal requirements as outlined in this report. Any claims submitted must be corrected within the timely filing window. (OAR 410-120-1300).** **[***from the date of the Final Audit Report forward and correct them as the errors indicate. Billings from this date forward should be supported by appropriate documentation.*]
4. [*Willamette Family, Inc. should revise their documentation practices to coincide with state and federal requirements as outlined in this report.*]
4. OHA may conduct another audit within two years. If the same financial findings are found in subsequent audits, the provider [*shall*] **could** be subject to treble damages pursuant to OAR [*407-120-1505*] **410-120-1396(20)(f)(A)(B) and 410-120-1280(7)(L).**
5. Collection of the overpayment amount should be accomplished by voluntary payment from the provider. If the provider does not issue voluntary repayment, OHA may use other means necessary to recover the overpayment as outlined in OAR [*410-120-1397*] **410-120-1396(20)(a)(b) and OAR 410-120-1397(8)(a)(b)(c)(d)(e)**.
6. Overpayments older than 60 days may be subject to 9% per annum interest.
7. **Provider may receive technical education and observations information via a separate letter. If the same improper billing**

practices outlined in the technical education and observation letter are found in a subsequent audit, they will be considered financial findings and be subject to treble damages pursuant to 410-120-1396(20)(f)(A)(B) and OAR 410-120-1280(7)(L).

NOTICE OF RIGHT TO HEARING

Willamette Family, Inc. has the right to an appeal of this overpayment assessment, as provided by the Administrative Procedures Act (ORS Chapter 183), and may request either an administrative review ***or*** a contested case hearing within 30 calendar days from the postmark date of this final audit report as outlined in OAR [*407-120-1505*] **410-120-1396(11)(c)**. All requests must be in writing and must state the specific areas of disagreement. **You have requested a contested case hearing which has been referred to the Office of Administrative Hearings. You may supplement that request to state specific areas of disagreement with this amended final audit report within 30 calendar days from the postmark date of this amended final audit report.**

If either type of appeal is requested, OHA may schedule a preliminary meeting. This preliminary meeting provides an opportunity for the provider and OHA to settle areas of disagreement. Any unresolved issues may then be addressed in a formal administrative review or contested case hearing. Requests for an appeal should be addressed to:

Fritz Jenkins, Administrator
OHA Program Integrity
500 Summer Street NE-E20
Salem, OR 97301

If you do not request an administrative review or a contested case hearing within 30 calendar days, or if you withdraw the appeal, you must notify the Authority or the Administrative Law Judge that you will not appear, or if you fail to appear, at a scheduled hearing, the Administrator may issue a final order by default. If the Administrator issues a final order by default, the Authority designates its files on this matter, including all materials that you have submitted relating to this matter, as the record for purposes of proving a prima facie case.

Dated this *[22nd day of October 2018]* **12th day of May 2022**.

By: _____ _____
[Deborah L. Larkins, RN, CPC] **Staci D. West, CPC, CRC, CPMA**
[Medical Review Coordinator] **Program Integrity Auditor**
Program Integrity Audit Unit

Acronyms and Definitions

Used in Second Amended Final Audit Report and Matrix
for Willamette Family Inc.
May 12, 2022
#247573

- AMA - American Medical Association
  - Owner and publisher of Current Procedural Terminology (CPT).
- CFR - Code of Federal Regulations
  - Federal Code Set requirements (45 CFR 162.1000-162.1011) apply to all Medicaid Code Set requirements.
  - Division will apply the national code in effect on the date of request or date of service.
  - Division adopts National Code Set revisions, deletions, and additions as issued and published by AMA for CPT and CMS for HPCPCS.
  - As stated in OAR 410-120-1280(4)(a)(b)(c) effective 11/01/13
- CPT - Current Procedural Terminology
  - Two editions are available through AMA: Expert or Professional.
    - OPI utilizes the Professional edition.
    - Alternately called a procedure code.
  - Accepted medical nomenclature used to report medical procedures and services for claims processing, research, healthcare utilization, development of medical guidelines and other forms of healthcare documentation.
  - Effective from January 1 to December 31.
- DBT - Dialectical Behavior Therapy
- E&M - Evaluation and Management

- HCPCS - Healthcare Common Procedure Coding System.
  - Updated quarterly; published annually by Center of Medicare and Medicaid Services (CMS).
  - Effective from January 1 to December 31.
- ICD-9-CM - International Classification of Disease, Ninth Revision, Clinical Modification.
  - Maintained and updated annually by the World Health Organization (WHO) annually.
  - Effective from October 1 to September 30 (not calendar year).
  - Used for diagnosis coding in the USA until September 30, 2015.
  - OPI utilizes the 2015 American Academy of Professional Coders (AAPC) ICD-9-CM Volumes 1 – 3 Experts for Hospital and Payers.
- ICD-10-CM - International Classification of Disease, Tenth Revision, Clinical Modification.
  - Maintained and updated by the World Health Organization (WHO) annually.
  - Used for diagnosis coding in the US began October 1, 2015.
  - OPI utilizes AAPC Codify software
- OAR - Oregon Administrative Rule
- OPI - Office of Program Integrity
- ORS - Oregon Revised Statute

Acronyms and Definitions

Used in Amended Final Audit Report and Matrix
for Willamette Family Inc.
May 12, 2022
#500678005

- AMA - American Medical Association
  - Owner and publisher of Current Procedural Terminology (CPT).
- CFR - Code of Federal Regulations
  - Federal Code Set requirements (45 CFR 162.1000-162.1011) apply to all Medicaid Code Set requirements.
  - Division will apply the national code in effect on the date of request or date of service.
  - Division adopts National Code Set revisions, deletions, and additions as issued and published by AMA for CPT and CMS for HPCPCS.
  - As stated in OAR 410-120-1280(4)(a)(b)(c) effective 11/01/13
- CPT - Current Procedural Terminology
  - Two editions are available through AMA: Expert or Professional.
    - OPI utilizes the Professional edition.
    - Alternately called a procedure code.
  - Accepted medical nomenclature used to report medical procedures and services for claims processing, research, healthcare utilization, development of medical guidelines and other forms of healthcare documentation.
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- DBT - Dialectical Behavior Therapy
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- HCPCS - Healthcare Common Procedure Coding System.
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  - Maintained and updated by the World Health Organization (WHO) annually.
  - Used for diagnosis coding in the US began October 1, 2015.
  - OPI utilizes AAPC Codify software

- OAR - Oregon Administrative Rule

- OPI - Office of Program Integrity

- ORS - Oregon Revised Statute

Exhibit 1

Matrix of Findings

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
1	3639490	01/20/2015	Office/Outpatient Visit New 99204	**Amended** Financial Finding. 1 - The documentation submitted does not support the code billed[.] **in violation of Oregon Adminstrative Rules (OAR) 410-120-1280(7)(a)(b) effective 11/01/13, 410-120-1360(8)(a) effective 11/01/12, and 410-130-0160(4) temp effective 01/01/15 in that t**[*T*]he documentation does not indicate that a significant, separately identifiable evaluation and management service was provided from the preventative medicine service. [*OAR 410-120-1280, 410-120-1360(1) (a)(b), 410-130-0160(4) and*] **Refer to the Preventive Medicine Service section of the Current Procedural Terminology (**CPT®**)** 2015 **Professional Edition Evaluation and Management (E&M) Services Guidelines**. Provider agrees. Finding stands. [*2 - The claim is missing modifier 25. Modifier 25 should be added to the Office/Outpatient code to indicate that a significantly, separately identifiable evaluation and management service was provided, when appropriately documented. OAR 410-120-1280, 410-120-1360(1)(a)(b) and CPT 2015. Provider agrees. Finding stands.*] **2**[*3*] - Incorrect **International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM)** [*diagnosis*] codes reported on the claim **in violation of OAR 410-120-1280(5)(g)(6)(a)(b)(7)(a)(b) effective 11/01/13 and 410-130-0160(1)(a) temp effective 01/01/15**. **The** ICD-9-CM codes **on the claim of** 304.43, [*V79.1*] and V79.[*1*]**0** are not reported in the documentation. The **documentation supports a** primary diagnosis code [*to report would be*] **of Amphetamine or related acting sympathomimetic abuse in remission or ICD-9-CM 305.70 not ICD-9-CM 304.43 Amphetamine and other psychostimulant dependence, in remission**. **To support 304.43 "Dependence" with remission must appear in the note.** [*304.40. OAR 410-120-1280, 410-120-1360(1(a)(b), 410-130-0160(4), CPT 2015 and ICD 9 CM 2015.*] **Refer to ICD-9-CM 2015.**	$122.86	$0.00	$122.86
2	1855631	03/19/2014	Office/Outpatient Visit Est 99214	No findings.	$78.13	$78.13	$0.00

Prepared by: *[D.L. Larkins, RN, CPC]*
S.D. West, CPC, CRC, CPMA

[October 22, 2018] **4/4/2022**

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
3	2181835	01/27/2015	Office/Outpatient Visit Est 99214	No findings.	$79.45	$79.45	$0.00
4	497044	07/08/2015	Office/Outpatient Visit Est 99213	No findings.	$52.53	$52.53	$0.00
5	1439890	02/04/2015	Office/Outpatient Visit Est 99213	No findings.	$52.53	$52.53	$0.00
6	2710368	03/12/2015	Office/Outpatient Visit Est 99214	No findings.	$79.45	$79.45	$0.00
7	2458643	06/27/2014	Office/Outpatient Visit Est 99213	No findings.	$51.95	$51.95	$0.00

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
8	1443898	01/27/2015	Office/Outpatient Visit Est 99214	**Amended** Financial Finding. 1 - The documentation submitted does not support the CPT code billed[.] **in violation of OAR 410-120-1280(5)(g)(7)(b) effective 11/01/13, 410-120-1360(1)(a)(b) effective 11/01/12, and 410-130-0160(4) effective 01/01/15 in that t**[*T*]he documentation submitted does indicate that a significant, separately identifiable evaluation and management service was provided from the preventative medicine service. The documentation does support an expanded problem-focused history, a problem-focused exam and low complexity medical decision making[.] **or** CPT 99213**.** [- *$55.53 - $3.00 copay=$52.53.*] **If no other financial findings were present, credit of $52.53 would be given.** [*OAR 410-120-1280, 410-120-1360(1(a)(b), 410-130-0160(4) and*] **Refer to the Preventive Medicine Service section of** CPT 2015 **Professional Edition E&M Services Guidelines**. Provider agrees. Finding stands. 2 - The claim is missing modifier 25[.] **in violation of OAR 410-120-1280(5)(g)(7)(a)(d) effective 11/01/13.** Modifier 25 should be added to the Office/Outpatient code to indicate [*that*] a significant[*ly*], separately identifiable evaluation and management service was provided[*, when appropriately documented*] **in addition to the preventive exam.** [*OAR 410-120-1280, 410-120-1360(1)(a)(b) and*] **Refer to Appendix A - Modifiers** CPT 2015 **Professional Edition**. 3 - Incorrect **ICD-9-CM** [*diagnosis*] codes reported on the claim **in violation of OAR 410-120-1280(5)(g)(6)(a)(b)(7)(a)(b) and 410-130-0160(1)(a) temp effective 01/01/15**. **The** ICD-9-CM code[*s*] **on the claim of** 578.1 - **Blood in stool** is not reported in the documentation. The **documentation supports a** primary diagnosis code [*to report would be*] **of Unspecified Gastritis or ICD-9-CM code** 535.50. [*V79.0 and V82.91 are unrelated to this evaluation and management service and should not be reported on this detail line. OAR 410-120-1280, 410-120-1360(1)(a)(b), 410-130-060(1)(a) and ICD 9 CM 2015.*] **Refer to ICD-9-CM 2015.**	$79.45	$0.00	$79.45
9	2287814	07/08/2015	Office/Outpatient Visit Est 99213	No findings.	$52.53	$52.53	$0.00

Prepared by: *[D.L. Larkins, RN, CPC]*
S.D. West, CPC, CRC, CPMA

[October 22, 2018] **4/4/2022**

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
10	21985	09/21/2015	Office/Outpatient Visit Est 99213	No findings.	$52.53	$52.53	$0.00
11	227917	05/27/2015	Office/Outpatient Visit New 99204	No findings.	$125.86	$125.86	$0.00
12	4886584	11/06/2014	Office/Outpatient Visit Est 99213	[*Financial Finding:* *1- The record is not adequately annotated. The client's record shall be annotated each time a service is provided and signed or initialed by the individual who provided the service. OAR 410-120-1280, 410-120-1360(1)(a)(b). Provider disagrees. Finding stands.*] **No findings.**	$51.95	$51.95	$0.00
13	3322102	12/22/2014	Office/Outpatient Visit Est 99214	No findings.	$78.13	$78.13	$0.00
14	4976320	01/19/2015	Office/Outpatient Visit Est 99213	[*Financial Finding:* *1 - The documentation submitted does not support the CPT code billed. The only documentation submitted for this day of service is a TIIP Wellness Screening Tool. OAR 410-120-1280, 410-120-1360(1)(a)(b) and CPT 2015. Provider disagrees. Provider submitted additional information.*] **No findings.**	$52.53	$52.53	$0.00

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
15	862888	12/24/2014	Office/Outpatient Visit Est 99213	**Amended** Financial Finding. 1- [*The record is not adequately annotated. The client's record shall be annotated each time a service is provided and signed or initialed by the individual who provided the service. OAR 410-120-1280, 410-120-1360(1)(a)(b). Provider disagrees. Finding stands.* *2 -*] The documentation submitted does not support the CPT code billed[.] **in violation of OAR 410-120-1280(5)(g)(7)(b) effective 11/01/13 and 410-120-1360(8)(a) effective 11/01/12 in that t**[*T*]he documentation [*does*] support**s** a detailed history, a problem-focused exam and straightforward medical decision making[.] **or** [*(*]CPT 99212 [- *$32.84)*] **not the 99213 billed**. **Credit is given for CPT 99212.** [*OAR 410-120-1280(5)(g), 410-120-1360(1(a)(b), 410-130-0160(4) and*] **Refer to** CPT 2015 **E&M Guidelines for Office or Other Outpatient Services Established Patient**. Provider agrees. Finding stands. [*Other Finding:* *- Provider billed for Health Risk Assessment Test (CPT 99420) on this date of service. This code definition states - Administration and Interpretation of health risk assessment instrument. There is no documentation of the interpretation.*]	$54.95	$32.84	$22.11
16	5083155	07/31/2015	Office/Outpatient Visit New 99202	No findings.	$54.06	$54.06	$0.00
17	2018641	01/29/2014	Office/Outpatient Visit Est 99213	No findings.	$51.95	$51.95	$0.00

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
18	293369	10/21/2015	Office/Outpatient Visit New 99203	**Amended** Financial Finding. 1 - The documentation submitted does not support the CPT code billed[.] **in violation of OAR 410-120-1280(5)(g)(7)(b) effective 10/01/15, 410-120-1360(2)(a)(b) effective 07/01/15 and 410-130-0160(4) effective 04/01/15 in that t**[*T*]he documentation [*does*] support**s** an expanded problem-focused history, an expanded problem-focused exam and straightforward medical decision making[.] **or** [*(*]CPT 99202 **not the 99203 billed.** [- *$57.06).*] **Credit is given for CPT 99202.** [*OAR 410-120-1280, 410-120-1360(1(a)(b), 410-130-0160(4) and*] **Refer to** CPT 2015 **E&M Guidelines for Office or Other Outpatient Services New Patient**. Provider agrees. Finding stands. 2 - Incorrect **ICD-10-CM** [*diagnosis*] code[*s*] reported on the claim **in violation of OAR 410-120-1280(5)(g)(6)(a)(b)(7)(a)(b) effective 10/01/15 and 410-130-0160(1)(a) effective 04/01/15. Billed on the claim,** ICD-10-CM code G56.21 **- Ulnar nerve lesion, right upper limb** is not reported in the documentation. The **documentation supports a** [*appropriate*] primary diagnosis code **of [***would be either*] **Strain of unspecified muscle, fascia, and tendon at shoulder and upper arm level, right arm, initial episode of care or ICD-9-CM code** S46.911**A** [*or S86.912 OAR 410-120-1280, 410-120-1360(1)(a)(b), 410-130-060(1)(a) and*]**. Refer to** ICD-10-CM 201[*5*]**6**. Provider agrees. Finding stands.	$82.56	$57.06	$25.50
19	52597	11/17/2014	Office/Outpatient Visit Est 99214	[*Financial Finding:* *1- The record is not adequately annotated. The client's record shall be annotated each time a service is provided and signed or initialed by the individual who provided the service. OAR 410-120-1280, 410-120-1360(1)(a)(b). Provider disagrees. Finding stands.*] **No findings.**	$78.13	$78.13	$0.00

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
20	395426	08/17/2015	Office/Outpatient Visit New 99204	**Amended** Financial Finding. 1 - The documentation submitted does not support the CPT code billed[.] **in violation of OAR 410-120-1280(5)(g)(7)(b) effective 07/01/15, 410-120-1360(2)(a)(b) effective 07/01/15 and 410-130-0160(4) effective 04/01/15 in that t**[*T*]here is no documentation of **a History of Present Illness or (**HPI). **New patient E&M coding requires all three key components: History, Examination and Medical Decision Making to support the assigned code. Without an HPI, no level of History or new patient E&M code can be supported.** The documentation does not indicate [*that*] a significant, separately identifiable evaluation and management service was provided from the preventative medicine **exam** [*service*]. [*OAR 410-120-1280, 410-120-1360(1(a)(b), 410-130-0160(4) and*] **Refer to the Preventive Medicine Service section of** CPT 2015 **Professional Edition E&M Guidelines**. Provider agrees. Finding stands. [*2 - The claim is missing modifier 25. Modifier 25 should be added to the Office/Outpatient code to indicate that a significantly, separately identifiable evaluation and management service was provided, when appropriately documented. OAR 410-120-1280, 410-120-1360(1)(a)(b) and CPT 2015. Provider agrees. Finding stands.*]	$125.86	$0.00	$125.86
21	4994709	05/12/2015	Office/Outpatient Visit Est 99214	No findings.	$79.45	$79.45	$0.00
22	1913781	10/06/2014	Office/Outpatient Visit New 99204	[*Financial Finding:* *1- The record is not adequately annotated. The client's record shall be annotated each time a service is provided and signed or initialed by the individual who provided the service. OAR 410-120-1280, 410-120-1360(1)(a)(b). Provider disagrees. Finding stands.*] **No findings.**	$121.55	$121.55	$0.00

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
23	1293743	01/09/2015	Office/Outpatient Visit New 99203	**Amended** Financial Finding. 1- [*The record is not adequately annotated. The client's record shall be annotated each time a service is provided and signed or initialed by the individual who provided the service. OAR 410-120-1280, 410-120-1360(1)(a)(b). Provider disagrees. Finding stands.* *2 -*] The documentation submitted does not support the CPT code billed[.] **in violation of OAR 410-120-1280(5)(g)(7)(g) effective 11/01/13, 410-120-1360(2)(a)(b) effective 11/01/12 and 410-130-0160(4) temp effective 01/01/15 in that t**[*T*]he documentation [*does*] supports an expanded problem-focused history, a detailed exam and moderate medical decision making[.] **or** [*(*]CPT 99202 **not the 99203 billed. Credit is given for CPT 99202. [** - *$57.06-$3.00 copay=$54.06). OAR 410-120-1280, 410-120-1360(1(a)(b), 410-130-0160(4) and*] **Refer to** CPT 2015 **E&M Guidelines for Office or Other Outpatient Services New Patient**. Provider agrees. Finding stands. **2 - Incorrect ICD-9-CM code reported on the claim in violation of OAR 410-120-1280(5)(g)(6)(a)(b)(7)(a)(b) effective 11/01/13 and 410-130-0160(1)(a) temp effective 01/01/15. The documentation supports a primary diagnosis of Hypertensive disorder or ICD-9 401.9 Unspecified hypertension not ICD-9 997.91 Complication of surgery or medical care affecting other specified body systems not elsewhere classified hypertension as billed. To support the assigned code, the documentation would need to report the hypertension condition as a surgical or medical care complication. Refer to ICD-9-CM 2015.**	$79.56	$54.06	$25.50
24	391977	06/10/2015	Office/Outpatient Visit Est 99214	No findings.	$79.45	$79.45	$0.00
25	17497	09/08/2014	Office/Outpatient Visit Est 99214	No findings.	$81.13	$81.13	$0.00

Prepared by: *[D.L. Larkins, RN, CPC]*
S.D. West, CPC, CRC, CPMA

[October 22, 2018] **4/4/2022**

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
26	1645033	01/27/2015	Office/Outpatient Visit Est 99213	No findings.	$55.53	$55.53	$0.00
27	2279368	06/23/2015	Office/Outpatient Visit Est 99213	No findings.	$52.53	$52.53	$0.00
28	96405	12/17/2014	Office/Outpatient Visit Est 99213	No [*financial*] findings. [- *Provider billed for Health Risk Assessment Test (CPT 99420) on this date of service. This code definition states - Administration and Interpretation of health risk assessment instrument. There is no documentation of the interpretation.*]	$51.95	$51.95	$0.00

Willamette Family, Inc
Provider # 500678005
Amended Final Audit Matrix
Audit Time Period:
January 1, 2014 through December 31, 2015

Sample	System Assigned Recipient Key	Date of Service	Procedure Description Procedure Code	Final Audit Findings	Paid Amount	Correct Amount	Over-payment Amount
29	886828	11/10/2014	Office/Outpatient Visit New 99205	**Amended** Financial Finding. 1- [*The record is not adequately annotated. The client's record shall be annotated each time a service is provided and signed or initialed by the individual who provided the service. OAR 410-120-1280, 410-120-1360(1)(a)(b). Provider disagrees. Finding stands.* *2 -*] The documentation submitted does not support the CPT code billed[.] **in violation of OAR 410-120-1280(5)(g)(7)(b) effective 11/01/13 and 410-120-1360(2)(a)(b) effective 11/01/12 in that t**[*T*]he documentation does not indicate that a significant, separately identifiable evaluation and management service was provided from the preventative medicine service. [*OAR 410-120-1280, 410-120-1360(1(a)(b), 410-130-0160(4) and*] **Refer to Preventive Medicine Service section of the** CPT 2014 **Professional Edition E&M Services Guidelines**. Provider disagrees. Finding stands. [*3 - The claim is missing modifier 25. Modifier 25 should be added to the Office/Outpatient code to indicate that a significantly, separately identifiable evaluation and management service was provided, when appropriately documented. OAR 410-120-1280, 410-120-1360(1)(a)(b) and CPT 2014. Provider disagrees. Finding stands.*]	$152.33	$0.00	$152.33
30	886828	11/18/2014	Office/Outpatient Visit Est 99214	[*Financial Finding:* *1- The record is not adequately annotated. The client's record shall be annotated each time a service is provided and signed or initialed by the individual who provided the service. OAR 410-120-1280, 410-120-1360(1)(a)(b). Provider disagrees. Finding stands.*] **No findings.**	$78.13	$78.13	$0.00

Exhibit 2

Administrative Rules

Exhibit 3

Statistical Sampling FAQ

Statistical Sampling Frequently Asked Questions

Why do you use statistical sampling?

We use statistical sampling because it's an efficient and effective manner to audit a provider's claim population. Through the statistical sampling process we use, we have 95% confidence that our audit samples are representative of the provider's entire claim population.

What is stratified sampling and why do you use it?

Stratified sampling is a process of grouping like items into different claim sub-populations. Sometimes, we stratify our population on the basis of the type of procedure code. Other times, we'll stratify by the amount paid on claims. When appropriate, we use stratified sampling to increase the precision of our audit findings/overpayment calculations.

Where do you get the authority to use statistical sampling?

Oregon Administrative Rule 407-120-1505 (8) (Provider Audits) states:

"PAU may use a random sampling method such as that detailed in the paper entitled "Development of a Sample Design for the Post-Payment Review of Medical Assistance Payments," written by Lyle Calvin, Ph.D., (Calvin Paper). The Department adopts by reference but is not limited to following the method of random sampling and calculation of overpayment described in the Calvin Paper."

The full text of the administrative rule can be viewed at:

http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_120.html

What items comprise your population?

The detail line items on a claim form the basis for our population. Items where $0.00 was paid are not included in our population because it would not be appropriate to extrapolate overpayments over such items. An electronic copy of the population used in the audit is available upon request.

How do you pick the sample?

We analyze the provider's claim population and decide whether stratified or simple random sampling would be appropriate. We plug in data about the provider's population (# of line items, average paid and standard deviation of paid amount) into a formula which calculates our required sample size.

We use computer programs to select a statistically valid random sample from the line items. This method of sampling ensures that bias is eliminated from the sampling process and provides us with 95% confidence that the sample is representative of the provider's entire claim population.

How do you extrapolate our overpayment?

The "Calvin Paper" mentioned above gives us the steps to follow. We:

- Sum all of the errors noted in the audit,
- Obtain the average error (divide error sum by the number of sampled items),
- Calculate the total overpayment (average error multiplied by number of line items in the population).

We also calculate a margin of error. This is complicated, but basically it is the range by which the true overpayment may differ from the calculated overpayment. This range is added to the total overpayment to come up with the "upper limit" overpayment. It is also subtracted from the total overpayment to come up with the "lower limit" amount.

Extrapolating errors doesn't seem fair. How do you know your overpayment extrapolation is accurate? What level of confidence do you have in your overpayment determination?

We have 95% confidence that the provider's true overpayment is somewhere between the lower limit and the upper limit. For this reason, we typically assess the total overpayment.

Exhibit 4

Acronyms and Definitions

Acronyms and Definitions

Used in Amended Final Audit Report and Matrix
for Willamette Family Inc.
May 12, 2022
#500678005

- AMA - American Medical Association
  - Owner and publisher of Current Procedural Terminology (CPT).
- CFR - Code of Federal Regulations
  - Federal Code Set requirements (45 CFR 162.1000-162.1011) apply to all Medicaid Code Set requirements.
  - Division will apply the national code in effect on the date of request or date of service.
  - Division adopts National Code Set revisions, deletions, and additions as issued and published by AMA for CPT and CMS for HPCPCS.
  - As stated in OAR 410-120-1280(4)(a)(b)(c) effective 11/01/13
- CPT - Current Procedural Terminology
  - Two editions are available through AMA: Expert or Professional.
    - OPI utilizes the Professional edition.
    - Alternately called a procedure code.
  - Accepted medical nomenclature used to report medical procedures and services for claims processing, research, healthcare utilization, development of medical guidelines and other forms of healthcare documentation.
  - Effective from January 1 to December 31.
- DBT - Dialectical Behavior Therapy
- E&M - Evaluation and Management

- HCPCS - Healthcare Common Procedure Coding System.
  - Updated quarterly; published annually by Center of Medicare and Medicaid Services (CMS).
  - Effective from January 1 to December 31.

- ICD-9-CM - International Classification of Disease, Ninth Revision, Clinical Modification.
  - Maintained and updated annually by the World Health Organization (WHO) annually.
  - Effective from October 1 to September 30 (not calendar year).
  - Used for diagnosis coding in the USA until September 30, 2015.
  - OPI utilizes the 2015 American Academy of Professional Coders (AAPC) ICD-9-CM Volumes 1 – 3 Experts for Hospital and Payers.

- ICD-10-CM - International Classification of Disease, Tenth Revision, Clinical Modification.
  - Maintained and updated by the World Health Organization (WHO) annually.
  - Used for diagnosis coding in the US began October 1, 2015.
  - OPI utilizes AAPC Codify software

- OAR - Oregon Administrative Rule

- OPI - Office of Program Integrity

- ORS - Oregon Revised Statute